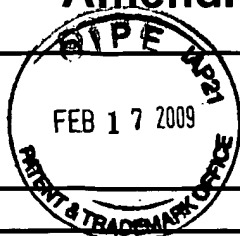


# Amendment Transmittal Letter

Docket Number

GRIP:107US



Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## Title of Invention

EXTENSIBLE BEAM

First Named Inventor	Salvatore VASTA
Application No.	10/560,950
Filing Date	December 15, 2005
Examiner	Jeanette E. Chapman
Art Unit	3633

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

☒ Applicant claims Small Entity Status. See 37 CFR 1.27.

## Fee Calculation

### Claims as Amended

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	20	- 20 =		x =	
Total Indep. Claims	1	- 3 =		x =	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
TOTAL					\$0

## Method of Payment

☐ Deposit Account ☐ Credit Card ☐ Check ☐ Money Order ☐ Other: \_\_\_\_\_

Deposit Account Number 50-0822

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge the fee(s) set forth above  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
☐ Charge fee(s) indicated above, except for the filing fee  
☐ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Amount Grand Total \$0

# Amendment Transmittal Letter

Docket Number

GRIP:107US

## Correspondence Address

Customer Number 24041

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Name

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### Certificate of Mailing by Express Mail

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Feb. 12, 2009*(Date of Mailing)*

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Chester Paul Maliszewski*(Name of Person Mailing Correspondence)*

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/Chester Paul Maliszewski/*(Signature of Person Mailing Correspondence)*

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*(Date of Transmission)*

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*(Signature of Person Transmitting Correspondence)*

### Signature Instructions

Select the name of the person who will electronically sign the Amendment from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

Maliszewski, Chester Paul

Name

Chester Paul Maliszewski

Registration Number

51,990

Signatory Capacity

Agent for Applicant(s)

E-mail Address

/Chester Paul Maliszewski/

Date Signed

02/12/2009



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

U.S. Patent Application No.: 10/560,950

Confirmation No.: 1682

Applicant: VASTA, Salvatore

For: EXTENSIBLE BEAM

Examiner: Jeanette E. Chapman

Filed: 12/15/2005

Customer No.: 24041

TC/Art Unit: 3633

Docket No.: GRIP:107US

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/Chester Paul Maliszewski/  
Chester Paul Maliszewski  
Registration No. 51,990

**AMENDMENT AND REQUEST FOR RECONSIDERATION AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Honorable Sir:

This is a reply to the Office Action dated January 7, 2009 regarding the above-identified patent application.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.